

# ON-SITE WASTEWATER TREATMENT SYSTEM APPLICATION & PERMIT TO CONSTRUCT

Gallatin City-County Health Department, Environmental Health Services  
311 West Main, Bozeman, MT 59715 (406) 582-3120

Please see  
important information  
on the back.

PRINT/TYPE in black or blue ink. Please press firmly. See fee schedule.

Purpose of Application: New \_\_\_\_\_ Upgrade/Expansion \_\_\_\_\_ Replacement \_\_\_\_\_ Failed Yes No (old permit # \_\_\_\_\_)  
(Check all that apply) Individual/Shared \_\_\_\_\_ Multiple-User(3-14 connections) \_\_\_\_\_ Public \_\_\_\_\_ Commercial \_\_\_\_\_

Current Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Applicant/Authorized Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Address of Site: \_\_\_\_\_ Certificate of Survey No.: \_\_\_\_\_

[An Authorized Road Address may be obtained by contacting the Gallatin County GIS Department at (406) 582-3049]

Subdivision: \_\_\_\_\_ Approval Date (mm/yyyy): \_\_\_\_\_

Lot/Tract/Parcel: \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Size of Parcel: \_\_\_\_\_ acres

Type of Structure(s) proposed: Single Family Dwelling \_\_\_\_\_ Other \_\_\_\_\_ (please describe) \_\_\_\_\_

Unfinished Basement: Yes or No \_\_\_\_\_ Total # of Bedrooms Proposed (+1 for unfinished basement): \_\_\_\_\_

(An unfinished basement must be considered as an additional bedroom.)

OR gpd to be produced: \_\_\_\_\_

Please refer to the Certificate of Subdivision Approval, data from the site evaluation, and/or public WWTS approval to complete the following. Be sure to mark all spaces. Site evaluation data must be submitted with this application (if applicable).

Is the Certificate of Subdivision Approval Statement recorded in Clerk & Recorders? Yes No EQ #: \_\_\_\_\_

Confirmation # \_\_\_\_\_ Public WWTS: MDEQ Approval Yes No EQ #: \_\_\_\_\_

Water Supply: Individual Well \_\_\_\_\_ Public System \_\_\_\_\_ Multi-User System \_\_\_\_\_

Type of Wastewater Treatment System Required: \_\_\_\_\_

Number & type of structures allowed: \_\_\_\_\_

Amount of drainfield required per bedroom: \_\_\_\_\_ ft<sup>2</sup> or application rate: \_\_\_\_\_ gallons/ft<sup>2</sup>/day

Are there any other requirements? (monitoring, trench depth, etc.): \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

I (We) hereby certify under penalty of perjury that I (we) am the legal owner(s) of the above real property or an authorized agent thereof and that the information above is true, complete, accurate and correct to the best of my (our) knowledge. I (We) further certify that the wastewater treatment system will be installed according to state and local regulations for Wastewater Treatment Systems and any permit conditions.

I have read the information on the back of this application. \_\_\_\_\_ (Initial)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The following section is to be completed by the Health Department only.

## PERMIT TO CONSTRUCT

A permit to construct is valid for 24 months (unless otherwise noted). The system must be installed and an inspection scheduled with GCCHD.

Type of System Required \_\_\_\_\_ Type: \_\_\_\_\_

Minimum Requirements (based on # of bedrooms/GPD proposed): \_\_\_\_\_ Dist: \_\_\_\_\_

Septic Tank: \_\_\_\_\_ gallons: \_\_\_\_\_ Type: \_\_\_\_\_

Pump Tank/Chamber: \_\_\_\_\_ gallons \_\_\_\_\_ Maximum Trench Depth \_\_\_\_\_

Absorption Area (Square Feet): \_\_\_\_\_ Gravel & Pipe \_\_\_\_\_ Gravelless \_\_\_\_\_

## CERTIFICATION AND AS-BUILT OF INSTALLED SYSTEM WILL BE REQUIRED FOR FINAL APPROVAL

Certification required by: \_\_\_\_\_ Professional Engineer \_\_\_\_\_ Registered Site Evaluator \_\_\_\_\_ Installer \_\_\_\_\_

Install per approved plans maintaining all setbacks. Drainfield configuration changes require pre-approval by system designer and GCCHD.

• Effluent Filter Screen Required

• Sanitary Well Seal Required

Permit Number \_\_\_\_\_ Approved by: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Please submit all three copies to GCCHD for review

White - Office Copy

Yellow - Property Owner's Copy

Pink - Applicant's Copy

## **General Information**

It is unlawful and a misdemeanor for any person to construct a new wastewater treatment system (WWTS) or to repair, replace, or alter an existing system within Gallatin County unless that person holds a valid permit to construct issued by Environmental Health Services (EHS) for the specific construction, repair, replacement or alteration.

The application for a WWTS permit establishes the property owner's consent, which allows EHS to enter the property for determining compliance with the site requirements and for the purpose of performing inspections to determine compliance with these regulations and the specifications of the permit.

## **Zoning and/or Covenants:**

Zoning and/or covenant rules may affect your plans for well or septic system construction. It is the property owner's responsibility to ensure that the proposed development complies with any existing zoning or covenant requirements. Property owners should contact the appropriate city and/or county department and/or the property owner's association for information. A land use permit may be required prior to construction.

## **Review Of Applications**

EHS shall review all applications on a "first come/first served" basis. EHS will attempt to expedite the review of all applications but reserves the right to a review period of thirty (30) calendar days maximum from the date an application is received.

## **Installation And Inspection Requirements**

It is unlawful and a misdemeanor for any person to construct, repair, replace, or alter a WWTS within Gallatin County unless that person holds a valid installer's registration of competency. (Exception: Property Owner installation – see requirements below.) A list of registered installers is available at EHS.

If you have any questions about installation requirements or permit specifications, call before beginning construction.

EHS **MUST ALWAYS** be contacted at 582-3120 at least 24 hours in advance of the desired inspection time to schedule an inspection of the installation of your septic system.

## **Property Owner Installation Requirements**

If you plan to install your own system, contact EHS to request study material and to schedule a time to take a basic exam.

A property owner wishing to construct, alter or repair a standard WWTS for his/her own residence upon his/her own property may only do so upon passing the EHS owner/installer examination. A passing score on this examination allows a property owner to install one standard absorption trench, gravity distribution system upon their own property only. A property owner may only install other types of WWTS upon passing the registered installer examination.

Builders who may own several parcels of land or who build structures on these parcels for sale, rent or lease and not for their own residential purposes will not be allowed to install systems as the property owner.

## **System Certification And As-Built Requirements**

A completed system certification form (available at EHS) and as-built is required for all WWTS installed and must be submitted to EHS within 30 days of the date the inspection was scheduled with EHS. Failure to submit a system certification form and as-built for an installed system may result in the invalidation of the permit and the revocation of the registration of competency.

Installers and site evaluators are given the responsibility to inspect, certify and document the proper installation of certain types of WWTS. A professional engineer, registered in the State of Montana, may inspect, certify and document the proper installation of any type of system and is required for some system types. System certification and the as-built drawing are the responsibility of the installer, site evaluator, or professional engineer based on the type of WWTS proposed as outlined in Table 7-1 of the regulations.

Final approval of the system will be given upon review and acceptance of the system certification and as-built. With the granting of final approval, the permit to construct becomes a permit to operate. Please keep this permit with your property records.

Recommendations or requirements set forth in the permit do not bind or obligate EHS to guarantee the operation or longevity of any system. Inspections are performed only for determining compliance with these regulations and the approved permit. EHS is not responsible for ensuring workmanship. Final approval of a WWTS shall not be construed as a guarantee to the life expectancy or operation of the system.

**Operation and maintenance is the responsibility of the homeowner/operator. Proper maintenance, i.e. filter cleaning and tank pumping will help prevent premature failure of the system and save you money and frustration in the long run. Contact EHS for operation and maintenance information.**